PTO/SB/17 (12-04v2)
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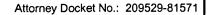
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	09/453,319-Conf. #2455		
FEE TRANS	MITTAL	Filing Date	December 2, 1999		
		First Named Inventor	Steven Shepard		
For FY 20	JU3	Examiner Name	G. K. Verbitsky		
X Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	2859		
TOTAL AMOUNT OF PAYMENT	(\$) 455.00	Attomey Docket No.	209529-81571		

METHOD OF BAY	MENT (check all t	hat apply)						
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):								
		•		Ш `	•		0	
x Deposit Account Deposit Account Number: 50-3145 Deposit Account Name: Honigman Miller Schwartz and Cohn LLP								
For the above	e-identified deposit a	account, the [Director is he					
x Charge	fee(s) indicated bel	ow		Charge	e fee(s) indi	cated below, e	xcept for the	filing fee
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SE								
•		G FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINA	ATION FEES Small Entity	•	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	id (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional .	200	100	0	0	0	0		
2. EXCESS CLAIM F	EES							mall Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (i							50	25
Each independent cla	•	g Reissues)					200	100
Multiple dependent c				1.46			360	180
		ee (\$)	Fee Paid (\$)		Multiple Depende Fee (\$)		ent Claims Fee Paid (\$)	
- 20 =	x				<u> </u>	7.91	ree raiu (\$)	
		ee (\$)	Fee Paid	너 (\$)				-
-3=		—						
3. APPLICATION SIZ		d 100 sheets	of paper (ex	cluding electr	onically file	d sequence or	computer	
	CFR 1.52(e)), the a							
sheets or fraction	thereof. See 35 U	.S.C. 41(a)(1)(G) and 37	CFR 1.16(s).				
Total Sheets	Extra Sheets 0 =			tional 50 or fractured up to a who		<u>Fee (\$)</u>	Fee Pa	aid (\$)
4. OTHER FEE(S)		750	(10	3110 up 10 u 11110	no nambor, x		Fees P	aid (\$)
, ,	ification, \$130 fee	e (no small er	ntity discour	ıt)				
Other (e.g., late filing surcharge): 2251 Extension for response within first month						60.		
	28	01 Request	for continu	ied examinat	tion (RCE)	(see 37	395	.00
SUBMITTED BY		//	4					
Signature	ored (BANI		gistration No. torney/Agent)	33,373	Telephone	(248) 566	-8500
Name (Print/Type) Jos	eph Coppola, S	- 77 77				Date	February 8	, 2006

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Application No. (if known): 09/453,319





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Fee Transmittal (1 page)